



Carpal Tunnel Syndrome – A Primer on Work Related CTS and Dealing With Typical Challenges Employers & WSIB Raise in CTS Claims

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Carpal Tunnel Syndrome is a common medical condition that many electricians develop. However, CTS also impacts the general population, even workers whose jobs do not involve risk factors for developing hand/wrist disorders. Pregnant women are also at elevated risk for developing CTS.

A frequent challenge when adjudicating CTS claims is the fact many members work in a multi-employer environment. This invites controversy because the most recent employer, usually the accident employer, will argue the member had only been with the company several weeks or months, and the work performed was not sufficiently repetitive, nor did it involve repetitive and forceful gripping and squeezing. These objections are intended to cause a proof of accident dispute.

In my experience members often times experienced nuisance CTS symptoms for months, maybe years, but eventually the condition becomes worse and they start dropping tools or coffee cups, notice pain when performing certain tasks, muscle wasting in the hands, or pain that awakens them at night, which is a classic CTS symptom.

Two Types of Injuries Recognized in Law

It is important to understand that there are two types of accidents recognized under the law. Often times workers get confused whether their injury is work related in the absence of single episode trauma (tripped, fell, lifted something, banged into an object, etc.).

Section 2 of the *Workplace Safety and Insurance Act (WSIA)*, defines the two types of accident defined in the law.

- a) a chance event occasioned by a physical or natural cause, and
- b) disablement arising out of and in the course of employment

While it is easy to identify the obvious injuries where there is some identifiable mechanism of injury, at least half (50%) of the injuries that electrical workers experience are related to repetitive work such as kneeling, climbing, carrying materials, overhead work, pushing & pulling.

Chance Events (single episode trauma)

Chance event accidents are much easier to identify because there is usually some causal event. So long as the worker reports an injury promptly and seeks medical attention, these claims are less problematic in terms of proof of accident. However, some members push their luck by failing to report, and then the employer fights the WSIB claim

because there was a delay in reporting, and a dispute regarding Proof of Accident.

Disablement (gradually emerging injuries)

Disablements under the law are injuries which emerge gradually, and are usually related to the physical demands performed in a workers job. These claims can be controversial because most workers, and employers, have not made the causal link between certain physical demands and an injury.

Often times employers will tell a worker “*you don’t have a work injury, because there was no accident.*” However, that is a very narrow definition of accident, because the law specifically talks about disablements, which are injuries that emerge gradually. Repetitive Strain Injuries (RSI) fall into this category. In disablement claims there may not have been a specific or identifiable accident, but there is certainly a work injury. It is important that members not fall into this trap and permit the employer to engage in curbside adjudication, who often times tell the worker they don’t have a *bona fide* work injury. Remember, the WSIB adjudicates claims, not employers.

Opinion of Dr. Zvi Margaliot, Renowned Expert in Hand/Arm Disorders

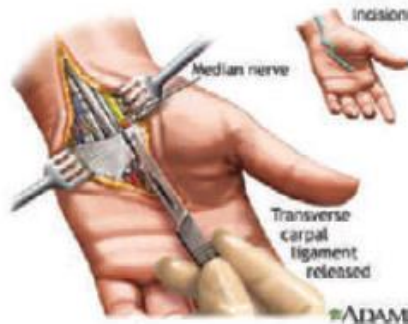
In 2009 I represented a member who had a dispute whether his CTS was work related. I asked Dr. Margaliot who assesses injured workers at the WSIB Hand & Wrist Specialty Clinic to review the L.U. 353 Electrician Ergonomic Research Study and provide his opinion whether the job demands of an electrician are medically compatible with the development of CTS. In Tribunal *Decision No. 1804//10*, Dr. Margaliot’s opinion was quoted:

I am happy to answer the question in the general case based on review of the attached *Physical Demands Description and Electrician Ergonomic Study*, which you had kindly provided, describing the specific tasks that an electrician is required to perform. Although there may be other contributing factors, including systemic diseases such as diabetes mellitus, it is my opinion that highly repetitive, manual work such as pulling wire, repetitive or sustained forceful grip and sustained use of vibrating and power tools would be considered a material contributing factor to the development of focal compression neuropathy, including carpal tunnel syndrome or cubital tunnel syndrome.



CTS Symptoms and Clinical Verification

In most CTS claims I deal with there are classic symptoms such as numbness & tingling, nocturnal hand/wrist pain that awakens you at night, loss of grip strength, and muscle wasting. Typically a CTS diagnosis will be made by the Family MD after a physical examination. However, an EMG (electro diagnostic study) conducted by a neurologist will confirm a CTS diagnosis.



Mechanism of Injury in CTS Claims (Gradual Onset)

Based on numerous CTS claims I have processed and litigated, a CTS injury is typically defined as a repetitive strain injury involving job tasks that require “repetitive” and “forceful” gripping and squeezing involving your hands, wrists and pulling with your arms. Most electricians have a healthy diet of these activities, whether pulling and bending wire, terminations, connections, and using manual and power tools. All of these tasks recruit repetitive and forceful gripping and squeezing.

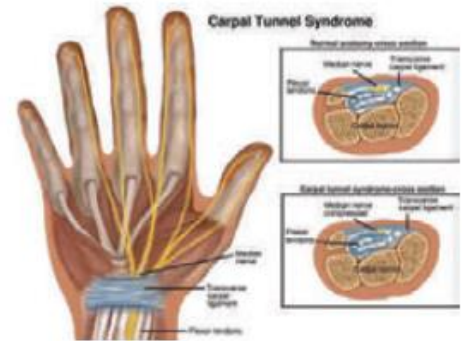
Typically CTS is a gradual onset injury, with symptoms increasing in tempo over a period of time until they result in persistent complaints e.g., nocturnal numbness and hand pain that awakens you. This is often accompanied by loss of grip strength, tingling and numbness in the hands, and other electric shock type sensations when squeezing and gripping hand held tools, pulling wire, and making connections or terminations.

Date of Accident, Usually Date of First Medical

When a medical condition emerges gradually over time, then becomes bothersome to the point you seek medical attention, will require careful analysis. The fact you had CTS symptoms for several years, but didn't seek medical attention until recently or require modified duties, is important evidence because the date of accident (and accident employer) is usually the date when a worker first sought medical attention for CTS. Often times members don't know what the underlying problem is in the absence of a medical diagnosis, so how can they relate this to work? Conversely, it is equally important for members to provide their doctors with information regarding the physical demands of their job to inform the health professionals understanding of a potential work-related cause (visit my website for information www.ibew353.org/wsib).

Typically the current employer will object that they are not responsible for the members CTS injury, and shift the blame on previous contractors, which is a classic chicken and egg debate. The argument is rebutted

by confirming the member performed regular duties and didn't require health care until recently. Although a member may have experienced subjective CTS complaints, the fact is the condition was likely sub-acute, undiagnosed, and the CTS disability or impairment did not become a problem until recently. However, in some instances, members may have sought medical attention while working for prior contractors.



The WSIB will also question the pathogenesis (cause) of the members CTS, and conclude that due to the short period of time the member worked for the current employer, the condition did not arise out of and in the course of employment with the current employer.

How to Complete a Form 6, Workers Report of Injury:

When submitting a CTS claim to WSIB, you must complete a *WSIB Form 6, Worker Report of Injury*, and describe the mechanism of injury. The following can be used and modified:

My job as an electrician requires repetitive and forceful hand, wrist and forearm movements in the use of hand held manual and power tools. I constantly use screw drivers, pliers, wire cutters and knives in order to install electrical devices, and to cut and strip wire. Hand held tools require a significant grip force and repetitive wrist movements. Hand held tools are an essential requirement of my trade, and depending on the particular job, I can be doing this all day long. Pulling wire and cables is a regular job demand, and often times there is considerable resistance depending on the pull. Depending on the thickness of the wire/cable, considerable force is required to bend, strip and make electrical connections. Again, these tasks involve repetitive and forceful hand, wrist and forearm movements, usually in awkward postures. In consultation with my health professional, I believe the physical demands of my occupation was a significant contributing factor in developing Carpal Tunnel Syndrome. I have no outside hobbies or other non-compensable factors (diabetes) to account for my CTS symptoms.

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